

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Alexander
Died at Henderson Caroline
Town County
Date of death 1909 Aug 14 2
Month Day Years Months Days
Sex Male Color or Race White Birth place Caroline Co.
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name Geo. Alexander Father's Birthplace Caroline Co.
Mother's Maiden Name Ida Kellan Mother's Birthplace Delaware
Name of person giving Information Geo Alexander How related to deceased Father

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary Heart - How long 2
Blue - Chilled How long 2
Immediate Yes
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician Edwin Goldsboro
Address md
Accident or Suicide _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Blanchford Beaven</i>		Town <i>Hillsboro</i>		County <i>Caroline</i>		MARYLAND	
Died at		Month <i>Aug.</i>		Day <i>8</i>		Years <i>—</i>	
Date of death <i>1909</i>		Months <i>—</i>		Days <i>26</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hillsboro</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>H. Lay Beaven</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Emilia Wilson</i>		Mother's Birthplace <i>md.</i>					
Name of person giving Information <i>G. L. Mum</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Debilitated vitas</i>	How long <i>Since birth</i>
Immediate	<i>Atrophy</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. W. Rowe, M.D.</i>
		Address <i>Hillsboro, md.</i>
Accident or Suicide <i>No.</i>		



Name
in
Full

Bessie Black

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Ridge</i>		Town <i>Carew</i>		County <i>Maryland</i>	
Date of death <i>1909 Aug.</i>		Month <i>8</i>	Day <i>8</i>	Age <i>8</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Ind.</i>		Months <i>—</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Jno. A. Black.</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Calara Francis.</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving Information <i>Jno. A. Black</i>		How related to deceased <i>Foster</i>			

CAUSES OF DEATH

Primary	<i>Typhoid Fever.</i>	How long	<i>3 weeks</i>
Immediate	<i>Diarrhea</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Malone</i>	
		Address <i>Greenwood</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Robert Henry Cephas		Federalburg		Caroline		MARYLAND				
Died at		Town		County						
Date of death		1909	Month	Aug	Day	4	Years	Months	9	Days
Sex		male		Color or Race		black		Birth-place		md
Occupation				Where Residing if not at place of death						
Married, Single or Widowed		single		Name of Wife or Husband						
Father's Name		unknown		Father's Birthplace		unknown				
Mother's Maiden Name		Mary Cephas		Mother's Birthplace		md				
Name of person giving Information		Sarah Thomas		How related to deceased		Aunt				

CAUSES OF DEATH

Primary	Marasmus	How long	151 X	21 days
Immediate		How long		

Are the name, age, sex, color, date and place correctly given above?

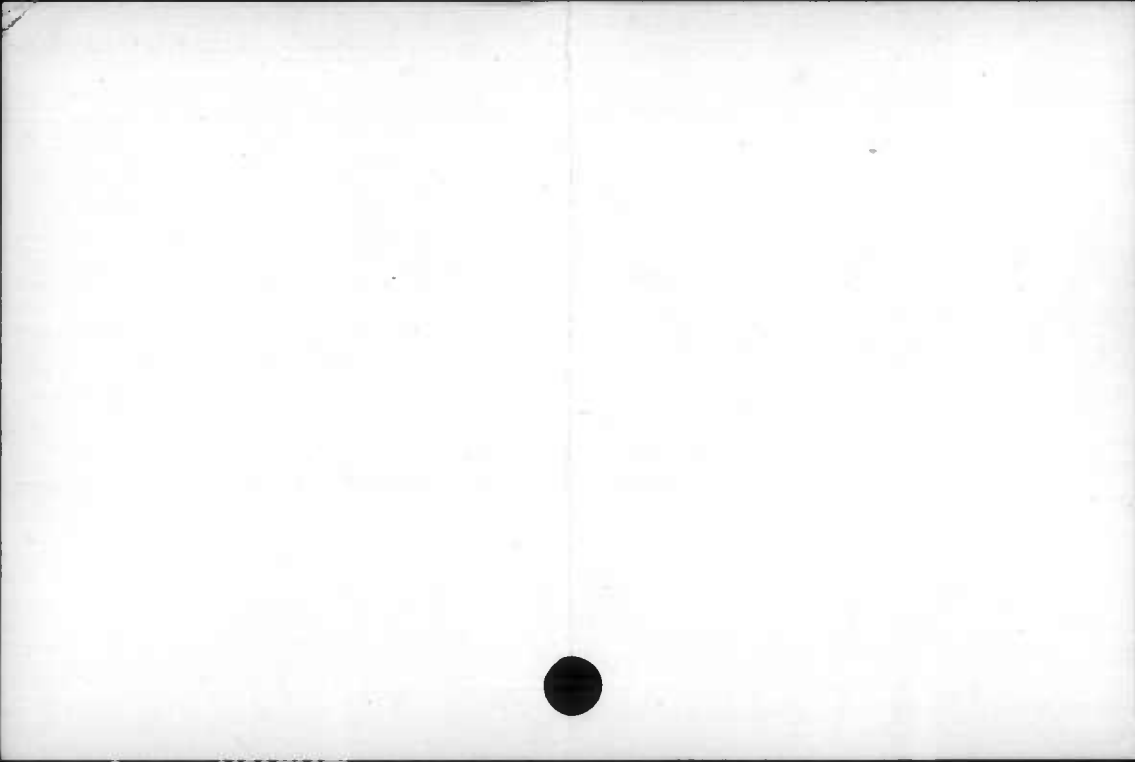
yes

Signature of Physician

Address

R Kemp Jefferson
Federalburg
md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Caroline Chamberlain

TO BE ANSWERED BY
NEAREST FRIEND

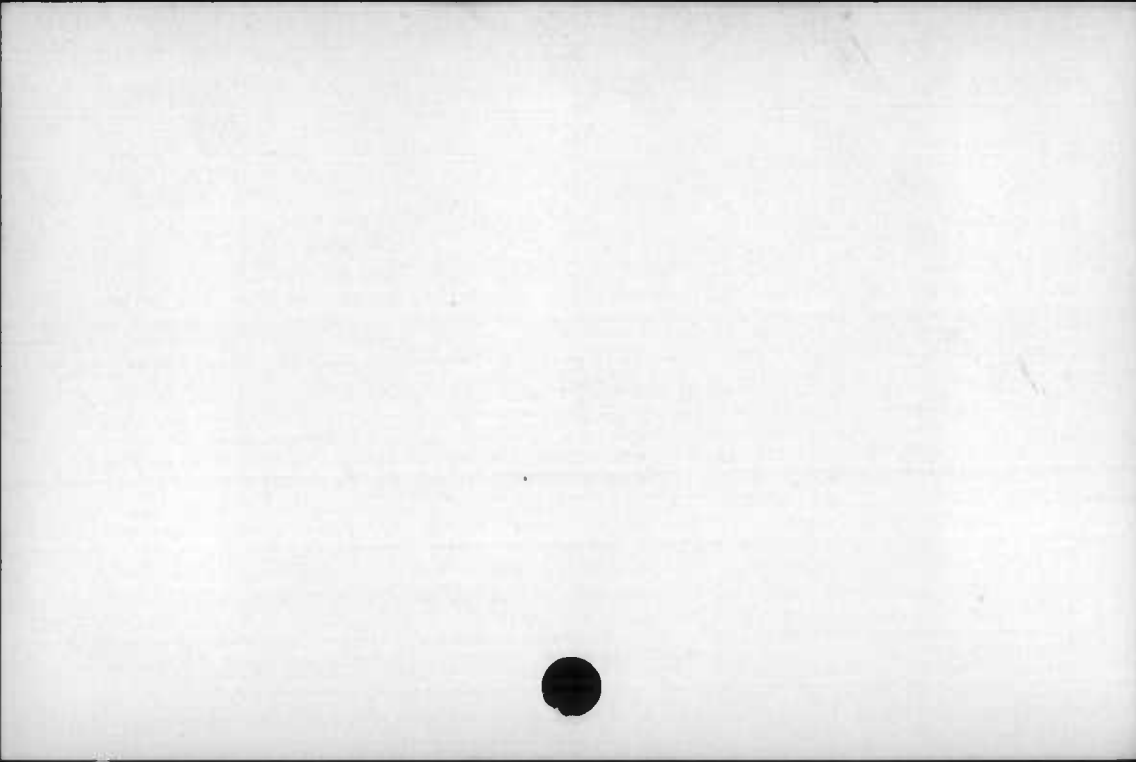
Died at <i>thus house</i>		County <i>Caroline</i>		State <i>MARYLAND</i>	
Date of death	Month	Day	Age	Months	Days
<i>1909</i>	<i>August</i>	<i>24</i>	<i>104</i>	<i>—</i>	<i>—</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>S.T. county</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>thus house</i>			
Married, single or Widowed		Name of Wife or Husband <i>Not known</i>			
Father's Name <i>Not known</i>			Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>not known</i>			Mother's Birthplace <i>not known</i>		
Name of person giving information <i>Alfred Clarke</i>			How related to deceased <i>no m</i>		

CAUSES OF DEATH

154 X

PHYSICIAN
OR CORONER

Primary	<i>Old Age</i>	How long	<i>—</i>
Immediate	<i>Debility</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Theo. Paulsen</i>	
<i>They look so</i>		Address <i>Inton R.D. 1 Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Louis Nathaniel Evans
Died at *Federalburg* Town *Caroline* County **MARYLAND**
Date of death *1909 Aug 17* Month *Aug* Day *17* Age *8* Years *8* Months *6* Days
Sex *male* Color or Race *black* Birth-place *Del*
Occupation _____ Where Residing if not at place of death _____
Married, Single or Widowed *single* Name of Wife or Husband _____
Father's Name *Asbury Evans* Father's Birthplace *ind*
Mother's Maiden Name *Saddie Rickelts* Mother's Birthplace *Del*
Name of person giving Information *Asbury Evans* How related to deceased *father*

CAUSES OF DEATH

104

X

PHYSICIAN
OR CORONER

Primary *Acute Indigestion* How long *2 days*
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above?

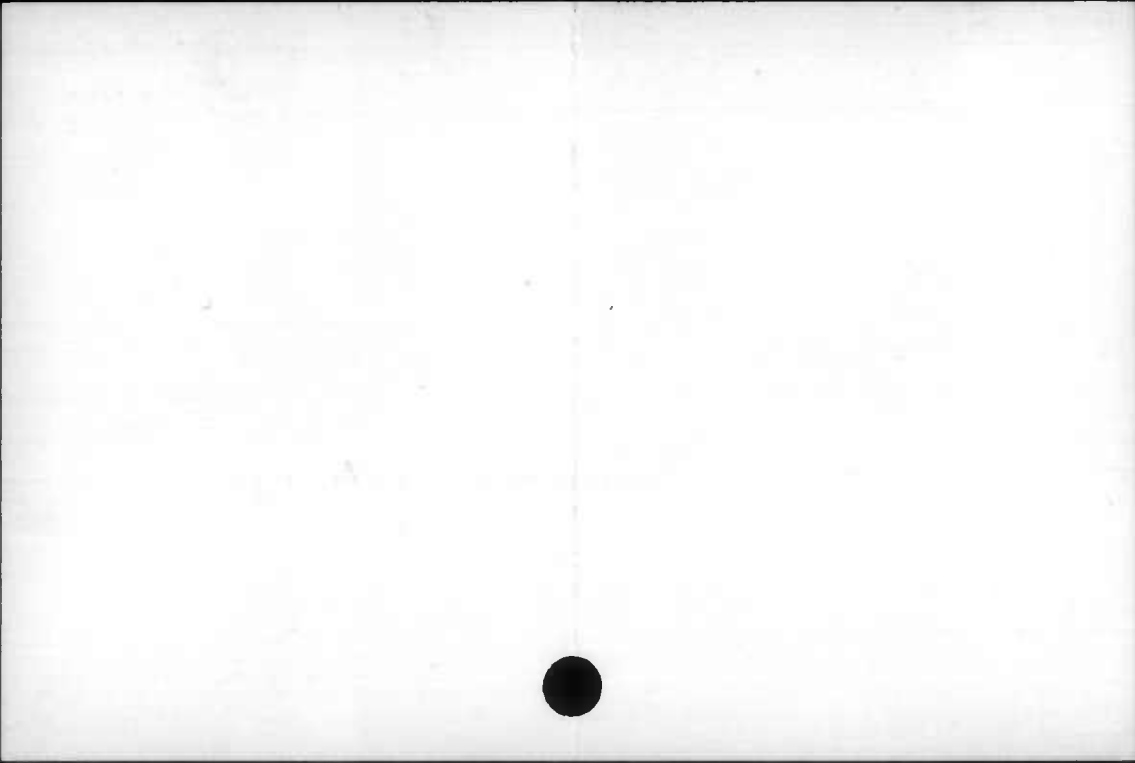
yes

Signature of Physician

Address

R. Kemp Jefferson
Federalburg
ind

Accident or Suicide



Name
in
Full

Susan A. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Ridgely Md* ^{County} *Caroline* **MARYLAND**

Date of death 190 ^{Month} *9 Aug* ^{Day} *17* ^{Years} *73* ^{Months} *2* ^{Days} *3*

Sex *Female* Color or Race *White* Birth-place *Penna*

Occupation *Housewife* Where Residing if not at place of death

~~Married Single~~ *Widow* Name of Wife or Husband *Wiles W. Green*

Father's Name *Thomas Bencester* Father's Birthplace *Penna*

Mother's Maiden Name *Mary Hartman* Mother's Birthplace *Penn*

Name of person giving Information *Mrs Rosa Bowers* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Endocarditis* **79** *X* How long *Over 5 yrs*

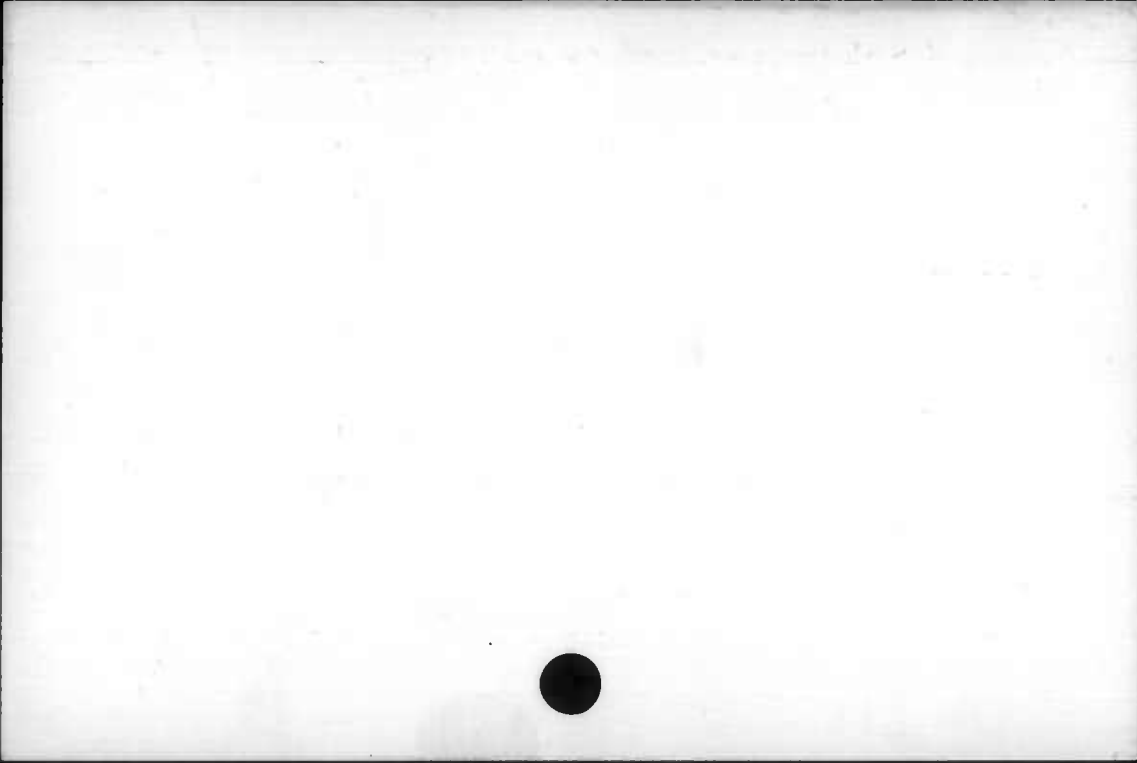
Immediate *Exhaustion* How long *12 hrs.*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. McCarum M.D.*

Address *Ridgely Md.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Francis M Hobbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

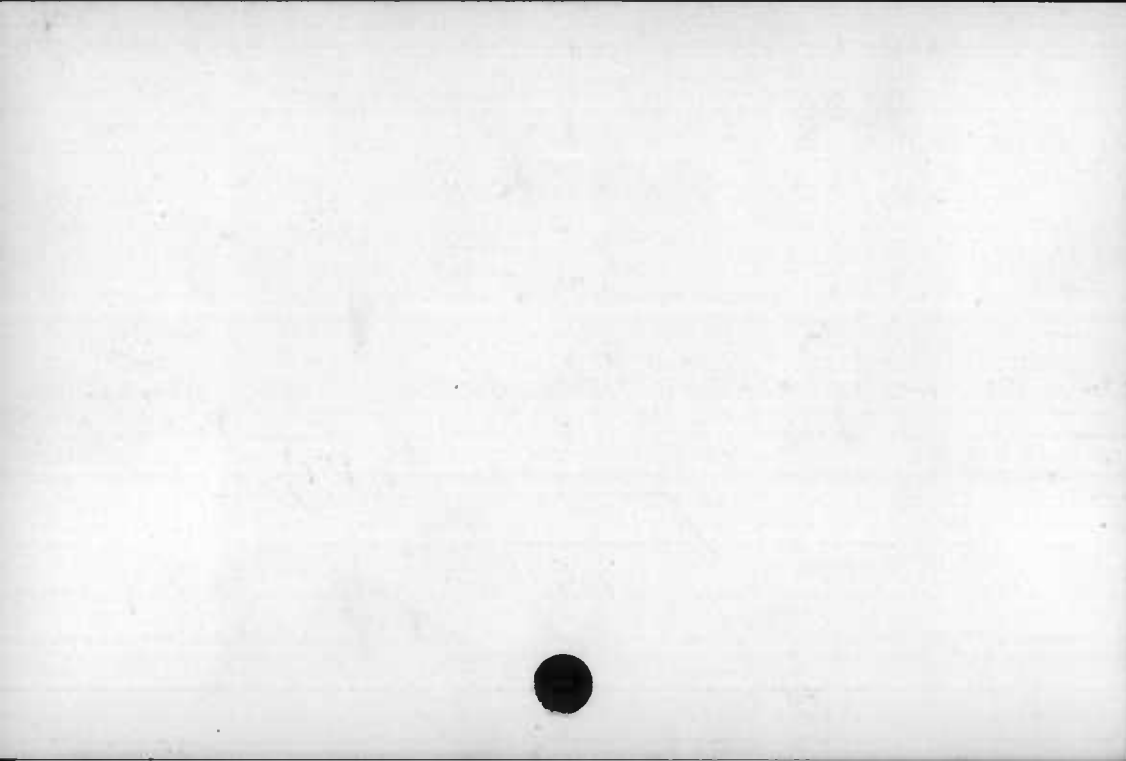
Died at <i>New Brunswick</i>		Town		<i>Camden</i>		County		MARYLAND					
Date of death <i>1909</i>		Month <i>8</i>		Day <i>16</i>		Age		Years		Months		Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>New Brunswick</i>									
Occupation				Where Residing if not at place of death									
Married, Single or Widowed				Name of Wife or Husband									
Father's Name <i>Frank M Hobbs</i>				Father's Birthplace <i>md</i>									
Mother's Maiden Name <i>Olivia M Andrew</i>				Mother's Birthplace <i>md</i>									
Name of person giving information <i>Frank M Hobbs</i>				How related to deceased <i>Father</i>									

CAUSES OF DEATH

(151) X

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>		How long <i>One month</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. W. Foldsborough</i>	
		Address <i>Greensboro, Md.</i>	
Accident or Suicide?			



Name
in
Full

Elizabeth Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at Denton Town Caroline County **MARYLAND**

Date of death 190 9 Month 8 Day 21 Age 5 Years Months Days

Sex Female Color or Race Black Birth-place MD

Occupation None Where Residing if not at place of death Same

Merriad, Single or Widowed — Name of Wife or Husband —

Father's Name Nelson HopkinsFather's Birthplace MDMother's Maiden Name Katherine CephusMother's Birthplace MDName of person giving Information Mary BastonHow related to deceased Aunt

CAUSES OF DEATH

106 X

Primary DiphtheriaHow long one monthImmediate Same

How long

Are the name, age, sex, color, date and place correctly given above?

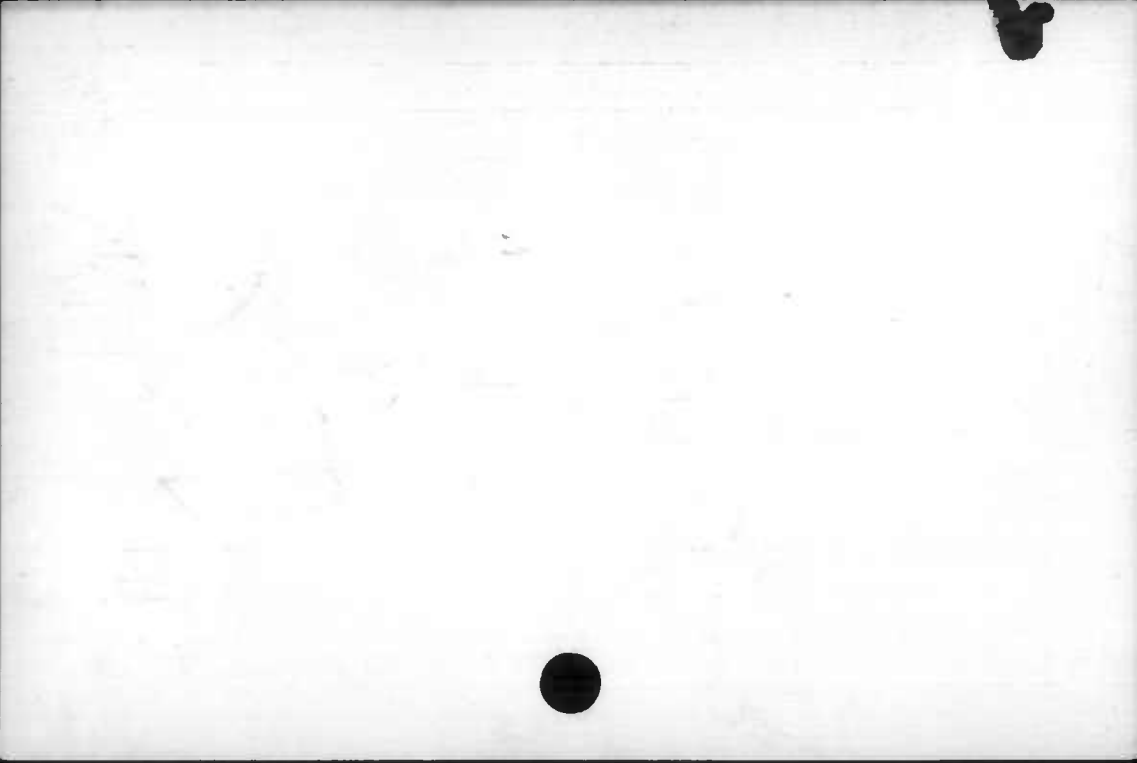
Yes

Signature of Physician

P. R. Fisher

Address

DentonAccident or Suicide NoPHYSICIAN
OR CORONER



Name
in
Full

Charles Lemwood Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hillsboro</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>Aug.</i> <small>Month</small>	<i>14</i> <small>Day</small>	Age <i>21</i> <small>Years</small>	<i>9</i> <small>Months</small>	<i>21</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Talbot Co</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Hillsboro</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Alexander. Jackson</i>			Father's Birthplace <i>Caroline Co</i>		
Mother's Maiden Name <i>Fannie Townes</i>			Mother's Birthplace <i>Queen Anne Co</i>		
Name of person giving information <i>Alexander. Jackson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

(120) X

How long *More than 9 years*

How long *2 months*

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>More than 9 years</i>
Immediate <i>Nephritis - Uremia of Lung etc</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. M. Stitts M.D.</i>
	Address <i>Concord</i>
	<i>Ind.</i>
Accident or Suicide?	

Sord
Hillabono

Name
in
Full

William Bryant Fudlow -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Ridgely		County Caroline		MARYLAND	
Date of death		Month aug	Day 16	Age	Years 10	Months 21	Days
Sex Male		Color or Race White		Birth- place Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
X Agnes Bennett				X Maryland			
Mother's Maiden Name				Mother's Birthplace			
Grace Fudlow				X Maryland			
Name of person giving Information				How related to deceased			
Grace Fudlow				Mother.			

CAUSES OF DEATH

Primary	Enterov. Colitis	How long	105 X 2 weeks
Immediate	Exhaustion	How long	one day
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	D. S. Stover
Yes		Address	Ridgely Md.
Accident or Suicide		No	

PHYSICIAN
OR CORONER

Ford
Wenton

Name
in
Full

CERTIFICATE OF DEATH

Samuel May

Town

County

MARYLAND

Died at *New Goldsboro*

Caroline

Date of death 1909 Aug

Month

Day

23

Age 77

Years

Months

Days

13

Sex *Male*

Color or Race

Moore

Birth-place

Delaware

Occupation

Farmer

Where Residing if not at place of death

Married, Single
☒ Widowed

Widowed

Name of Wife or Husband

Emeline May

Father's Name

Unknown

Father's Birthplace

Unknown

Mother's Maiden Name

Sallie Ann May

Mother's Birthplace

Delaware

Name of person giving Information

John May

How related to deceased

Son

CAUSES OF DEATH

Primary

Artero Sclerosis

How long

unknown

Immediate

Paralysis

How long

1 Mo

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Leon

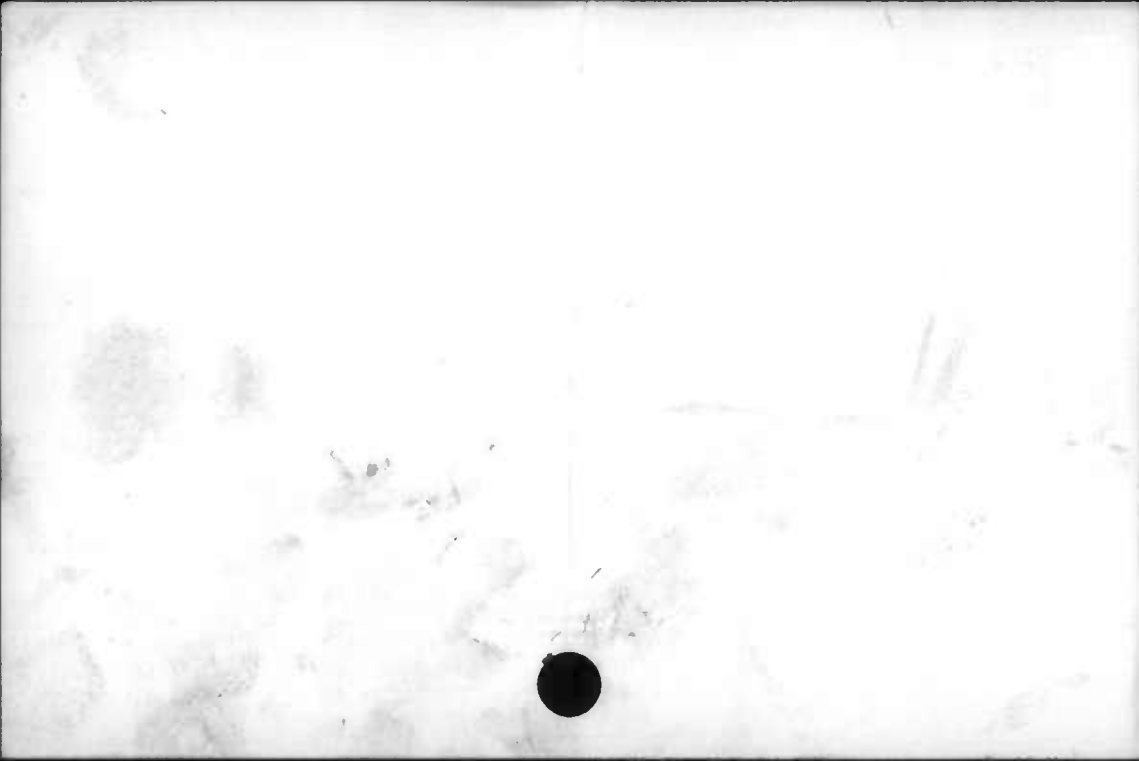
Address

Goldsboro Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Kumigunda Reidling

Died at *Denton* Town *Caroline* County

DATE of death 1909 *August* Month *27* Day *75-* Years *6* Months Days

Sex *Female* Color or Race *white* Birth-place *Austria*

Occupation *Lady* Where Residing if not at place of death *Denton*

Married, Single or Widowed *widow* Name of Wife or Husband *Ignatius H. Reidling*

Father's Name *Peter Pauwer* Father's Birthplace *Austria*

Mother's Maiden Name *Constance Smidth* Mother's Birthplace *Austria*

Name of person giving Information *Mary Reidling* How related to deceased *daughter*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bright's Heart Disease* How long *4 years*

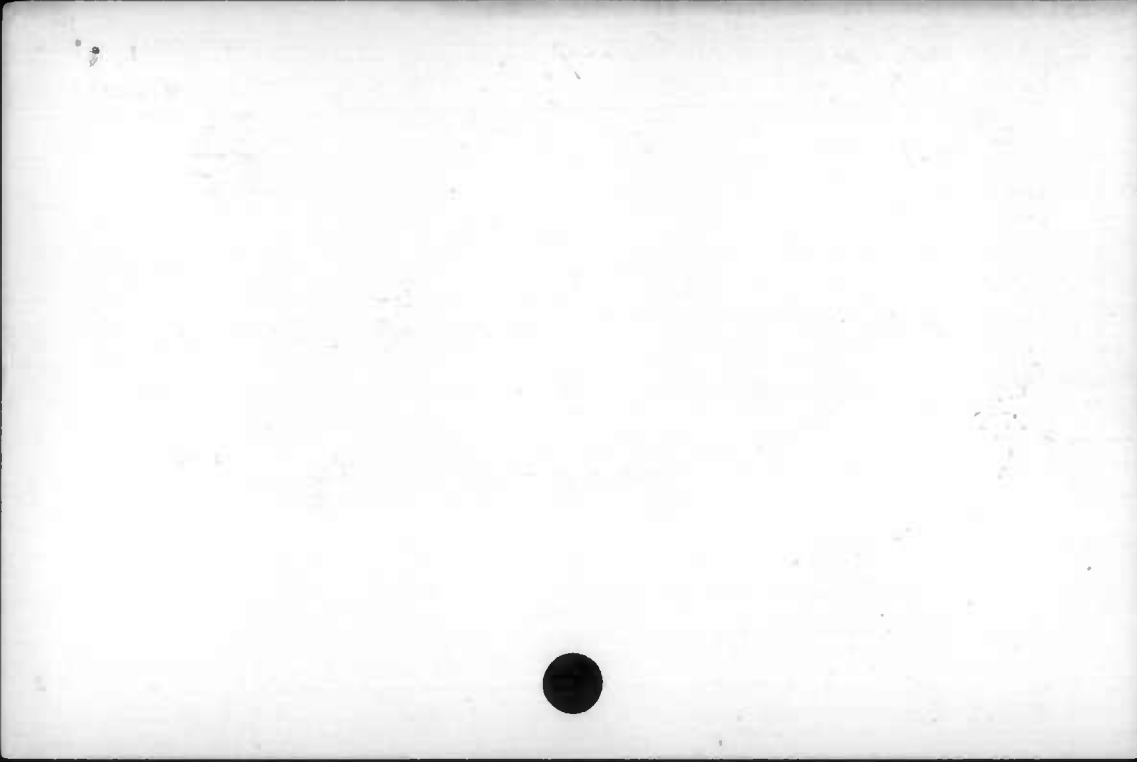
Immediate *Same* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *P.R. Fisher*

Address *Denton*

Accident or Suicide *No*



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		8	6	68			
Sex	male		Color or Race	white		Birth-place	Dre
Occupation	contractor		Where Residing if not at place of death		Brimston		
Married, Single or Widowed	Single		Name of Wife or Husband	Mrs Maggie Rich			
Father's Name	Thos J Rich		Father's Birthplace	Md			
Mother's Melden Name	Lingy Cannon		Mother's Birthplace	Md			
Name of person giving Information	Robertson Rich		How related to deceased	Broth			

CAUSES OF DEATH

120

Primary Chronic Nephritis How long Several years

Immediate	Asoperty	How long	One week
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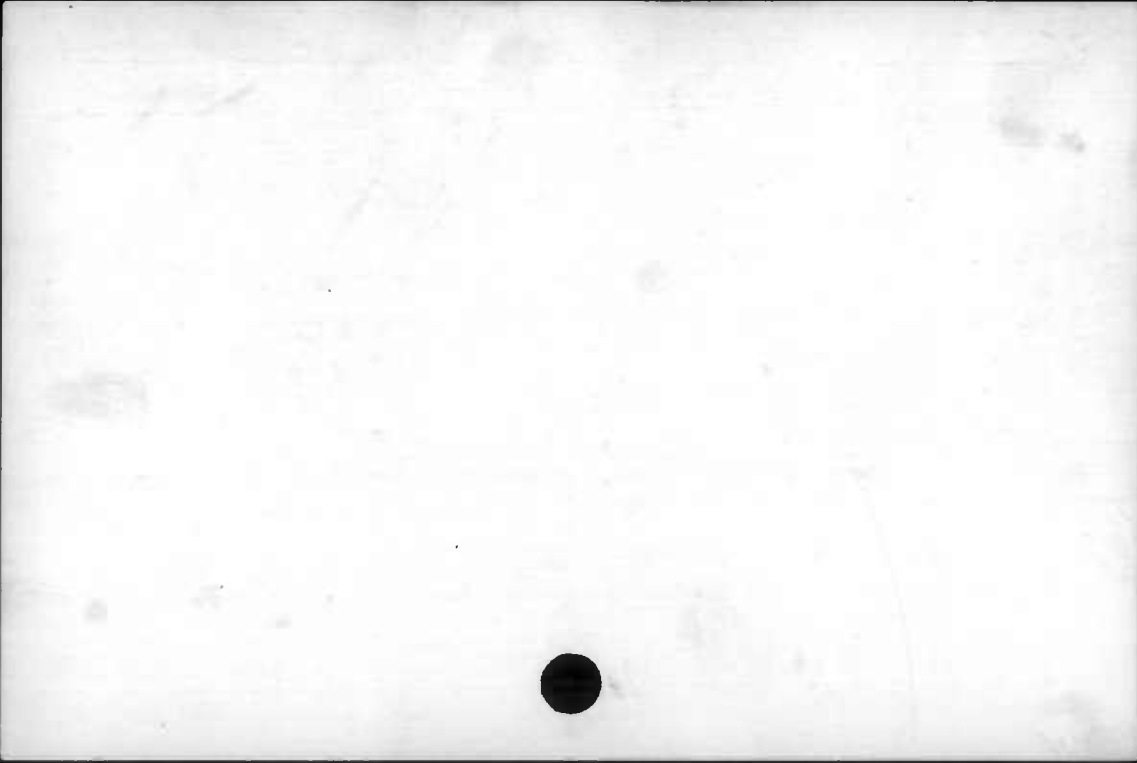
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Addresses

Accident or Suicide

PHYSICIAN
CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jennie S Roach* Town *Federalburg* County *Caroline* MARYLAND

Died at *Federalburg* Month *Aug* Day *8* Years *83* Months Days

Date of death *1909 Aug 8* Age *83*

Sex *female* Color or Race *black* Birth-place *md*

Occupation *housewife* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *George Roach*

Father's Name *Thomas H Brummel* Father's Birthplace *md*

Mother's Maiden Name *Julia E Phillips* Mother's Birthplace *md*

Name of person giving Information *T H Brummel* How related to deceased *father*

CAUSES OF DEATH

Primary

Phthisis

How long

*27**X**1 year*

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

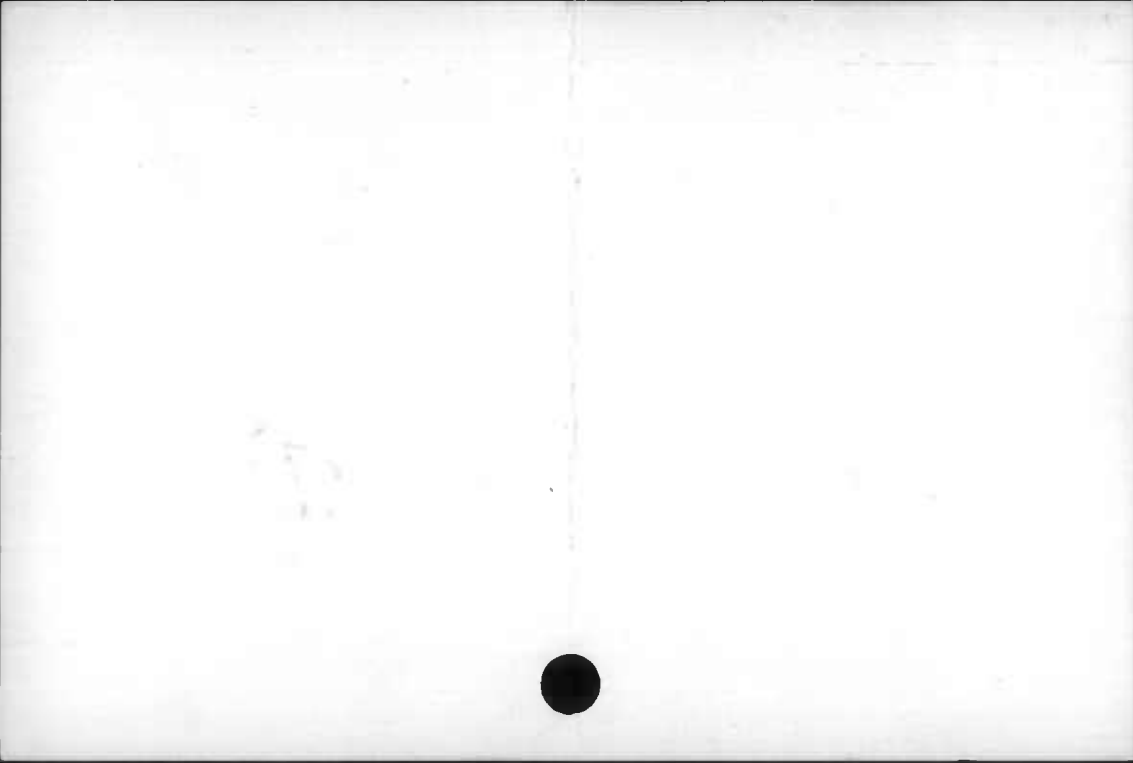
Signature of Physician

Address

F. T. Brooks M. D.
Federalburg
Maryland

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Henry Ross* Town *Denton* County *Cumtini* MARYLAND

Died at *Denton* Date of death 1909 Month *8* Day *30* Age *26* Months *—* Days *—*

Sex *Male* Color or Race *Black* Birth-place *md*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Bessie Ross*

Father's Name *Benjamin Ross* Father's Birthplace *md*

Mother's Maiden Name *Josephine Thomas* Mother's Birthplace *md*

Name of person giving Information *Alex Hayman* How related to deceased *Sister-in-law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid Fever* How long *3 weeks*

Immediate *Heart Failure* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. M. Smith*

Address *Denton Md*

Accident or Suicida *—*



Name
in
Full

Charles C. T. Sewell

CERTIFICATE OF DEATH

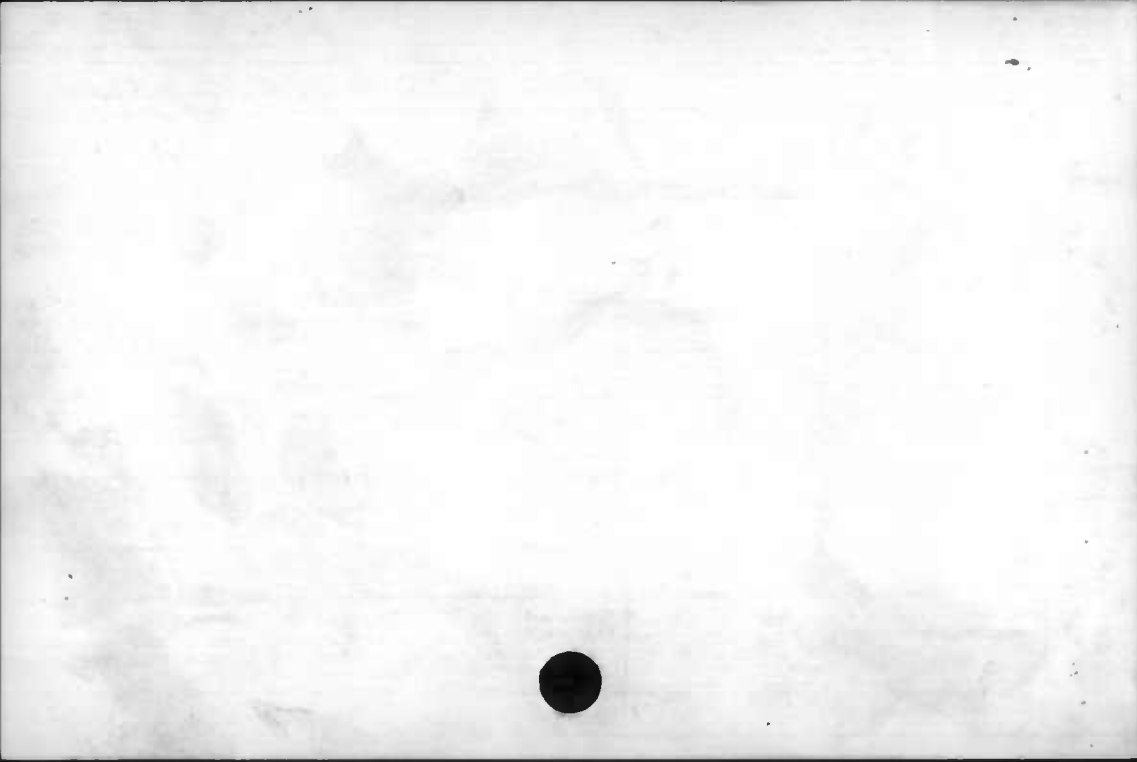
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Greenboro</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1909	Month	Aug	Day	7
Age	3	Years	5	Months	3
Sex	Male	Color or Race	Black	Birth-place	Maryland
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	Charles Henry Sewell		Father's Birthplace	Maryland	
Mother's Maiden Name	Cora Trusty		Mother's Birthplace	"	
Name of person giving Information	Charles H. Sewell		How related to deceased	Father	

CAUSES OF DEATH

Primary	<i>Pneumonia</i>	How long	<i>9 days</i>
Immediate	<i>"</i>	How long	<i>9 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. W. Oldsbury</i>
		Address	<i>Greenboro, N.C.</i>
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Ghelena Louise Sharp

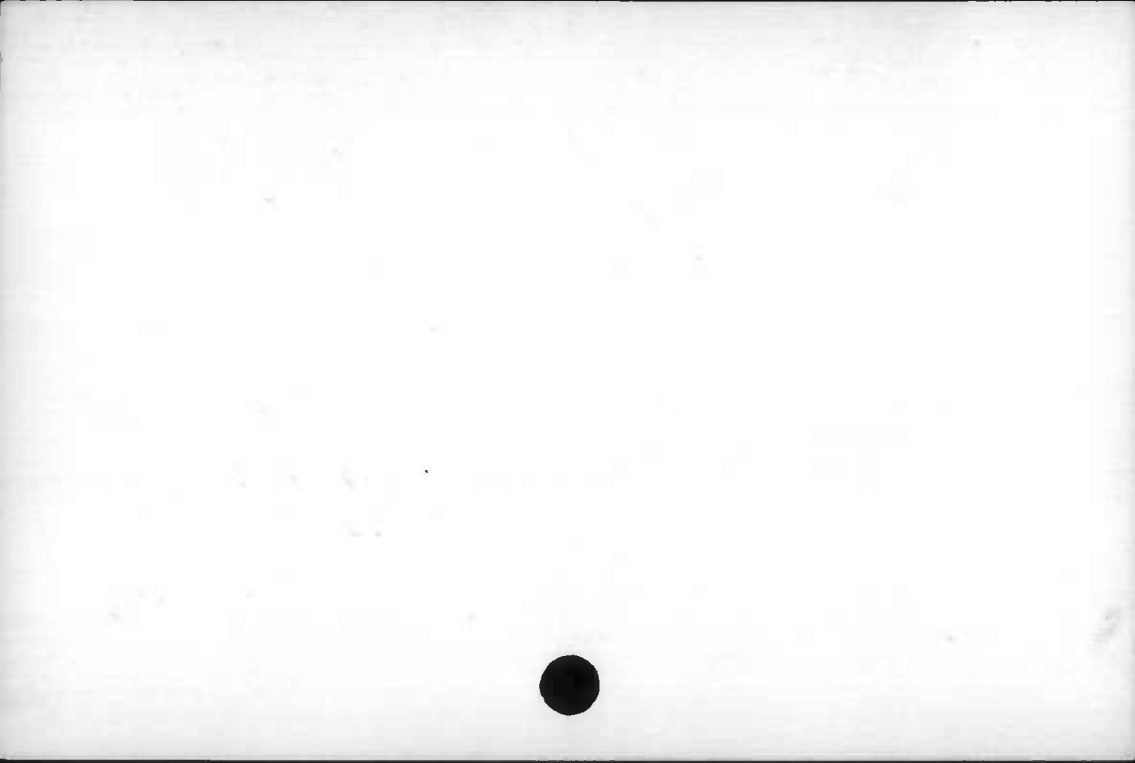
CERTIFICATE OF DEATH

Died at ^{Town} Hillsboro		^{County} Caroline		MARYLAND	
Date of death 1909		Month Aug	Day 22	Age —	Years —
Sex Female		Color or Race White		Birth-place Hillsboro, Md.	
Occupation —				Where Residing if not at place of death —	
Married, Single or Widowed Single		Name of Wife or Husband —			
Father's Name Asbury Sharp		Father's Birthplace Md			
Mother's Maiden Name Reba Steward		Mother's Birthplace Md			
Name of person giving Information Asbury Sharp		How related to deceased Father			

CAUSES OF DEATH

Primary	Mammas	How long	3 weeks
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. W. R. Rowe, Md.	
		Address Hillsboro, Md.	
Accident or Suicide no			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lucinda M young
Town Federalsburg County 1

MARYLAND

Died at Federalsburg Caroline

Date of death 1909 Aug 9th Age 17
Month Day Years Months Days

Sex female Color or Race white Birth-place md

Occupation student Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Name John R young Father's Birthplace md

Mother's Maiden Name Kate E Pinley Mother's Birthplace Del

Name of person giving Information J R Young How related to deceased father

CAUSES OF DEATH

Primary Typhoid How long 2 weeks
Immediate

Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician F. L. Brooks M.D.
Address Federalsburg Maryland
Accident or Suicide

PHYSICIAN
OR CORONER

